

MEDICAL EXAMINATION OF VISA APPLICANTS

Before the issuance of an immigrant visa or a fiancé(e) (K-1) visa, **every alien, regardless of age, must** undergo a medical examination prior to his/her visa interview. This means that accompanying spouses and children of visa applicants must **also** have a medical examination.

IMPORTANT: The entire medical examination, the chest X-ray and the serological test for syphilis, must be performed by a designated panel physician in the country where the applicant is processing his/her visa. Medical examinations may **not** be done at U.S. military facilities or by civil surgeons in the United States or by a family physician in Denmark. (Chest X-ray and serological test are normally not required for children under 15 years of age).

You are responsible for making the appointment with one of the eight doctors listed below who have been designated as Panel Physicians by the Embassy. It takes approximately 11 working days from the day of the examination until we receive your medical report. Please note that we can conduct your interview prior to receiving your medical report. However, we cannot complete the processing of your visa application until we are in receipt of your medical report and all other requirements for your application have been met. When calling on the physician, make sure the physician knows your examination is for an immigrant/fiancé(e) visa case so that the physician can set aside the right amount of time. The physician will mail the results of the examination directly to the Embassy.

FEES: The fee is Dkr. 500 for the radiological examination and Dkr. 1500 for the general examination (examination of children: Dkr. 1200). Required blood tests and required vaccines extra. The fee must be paid to the physician and radiologist respectively, at the time of your appointment.

Please note: You must bring your passport for your appointment with the radiologist (if you do not have a passport, you may bring your driver's license).

When calling on the physician you should bring the following:

1. One passport size photo.
2. Your Passport.
3. The questionnaire shown on the reverse. It must be completed by or on behalf of every applicant regardless of age.
4. (For male applicants): Military service record and/or Certificate of Unfitness for Military Service or Rejection stating grounds of disability.
5. Glasses/contact lenses, if any.
6. List of any medicine that you take.
7. **VACCINATION REQUIREMENTS:** Vaccination records or statement regarding medical history from family physician.

List of doctors:

Mette Gabriel, Carl Bryld &
Ole Kraft
Danmarks Rederiforening
Lægekantoret
Amaliegade 33
1256 Copenhagen K
Tel.: 33 11 40 88
Phone hours: 9 a.m. - 1:30 p.m.
Monday - Friday
www.rejseoghelbred.dk

Karin B. Hansen & Stig Hansen
Lægehuset
Østerbrogade 62, 1.sal
2100 Copenhagen Ø
Tel.: 35 38 78 28
Phone hours: 9 a.m. - 4 p.m.
Monday - Friday

Anne Buus
Allergi- og Lungeklinikken Aarhus
Ryesgade 31, 4.tv
8000 Aarhus C
Tel.: 87 54 54 00
Phone hours: 10 a.m. - 12:00
Monday - Thursday
www.lungeklinikken.com
info@annebuus.dk

Karen K.V. Frost &
Jens W. Frost
Store Torv 5, 1.sal
8000 Aarhus C
Tel.: 86 20 11 99
Phone hours: 9 a.m. - 11:30 a.m.
Monday - Friday

VACCINATION REQUIREMENTS

Panel physicians who conduct medical examinations on behalf of immigrant/fiancé(e) visa applicants are now required to verify that the applicants have met the new vaccination requirement or that it is medically inappropriate for the applicant to receive one or more of the listed vaccinations: **Mumps, measles, rubella, polio, tetanus and diphtheria toxoids, pertussis (acellular pertussis-containing vaccines for persons ages 10-64), influenza type B (HIB), hepatitis B, hepatitis A, rotavirus, meningococcal, pneumococcal, and influenza.**

In order to assist the panel physician, and to avoid delays in the processing of an immigrant/fiancé(e) visa, all applicants should have their vaccination records available for the panel physician to review at the time of the medical examination. Visa applicants should obtain a copy of their immunization record, if one is available. If you do not have a vaccination record, the panel physician will work with you to determine which vaccinations you may need to meet the requirement. Certain waivers of the vaccination requirement are available upon the recommendation of the panel physician.

Only a physician can determine which of the listed vaccinations are medically appropriate for you given your age and current medical condition. Should your own family physician not be able to determine exactly which vaccinations apply in your case, then please feel free to contact our panel physicians. The processing of your medical report will be delayed should you not have the required vaccinations at the time of your appointment with our panel physician.

Questionnaire

This questionnaire must be completed by or on behalf of every applicant (including children) who is to be examined. When completed and signed, give it to the examining physician. Please **type or print (block letters)** answers to questions as fully as possible.

Full name: _____

Date of Birth: _____ **Year:** _____ **Age:** _____

Address: _____

Telephone Number(s): _____

Occupation: _____

Passport No: _____ **Issued by:** _____

Date of Issuance: _____ **Expires:** _____

1. In case of previous stays in hospitals and/or sanatoriums, give in chronological order dates and reasons for the hospitalization and the name(s) of the hospitals/sanatoriums:
2. If you have suffered from diseases that did not require hospitalization, state type and duration, and name and address of the attending physician or therapist. (You may disregard diseases like ordinary colds, influenzas and children's diseases):
3. **For MALE Applicants:**

Have you served any military duty? _____ If so, length of service? _____

If not, give reason (if rejected, state date and reason): _____

4. **For FEMALE Applicants:**

Have you ever been pregnant? _____ How many births? _____

Give dates (year): _____

Are you pregnant? _____ If "Yes" state month of pregnancy: _____

I hereby declare that the above statements are true and correct and to the best of my knowledge and belief.

Date: _____

Signature: _____